IOWA VETERANS HOME

1301 Summit Street
Marshalltown, Iowa 50158-5485
Ph: (641) 752-1501
Fax: (641) 753-4278

Terry E. Branstad, Governor
Kim Reynolds, Lt. Governor
State of Iowa
David G. Worley, Commandant

January 15, 2013

President of the Senate Pam Jochum
Speaker of the House Kraig Paulsen
Iowa Legislative Leadership
1007 E. Grand Ave
Des Moines, IA 50319

Dear President and Speaker,

This is in reply to Senate File 2245 which states: The Iowa Veterans Home shall initiate and coordinate the establishment of a post-traumatic stress (PTS) dual diagnosis treatment program study. The study shall evaluate possible funding sources, program structure, program requirements, and the needs for such a treatment program for veterans in this state. The study shall focus on the establishment of a dual diagnosis program for individuals seeking treatment for service-connected posttraumatic stress and substance abuse.

Research:
The United States Department of Veterans Affairs (USDVA) reports that 20% of all combat veterans are eventually diagnosed with PTS. Across the nation that is over 300,000 veterans in just the last six years. The USDVA Health system is separated by Veterans Integrated Service Networks (VISN). Iowa is in VISN 23 which also covers Minnesota, North Dakota, South Dakota, and Nebraska. VISN 23 has eight health care centers:

Black Hills
Fargo
Minneapolis
Soiux Falls
VA Central Iowa (Des Moines)
Iowa City
Nebraska/W. Iowa
St. Cloud

The Mental Health (MH) leadership team of the USDVA has confirmed there are no PTSD/substance abuse dual diagnosis specific programs in VISN 23. The following USDVA facilities in VISN 23 have in-patient facilities where veterans can get mental health treatment including PTSD and/or substance abuse:

St. Cloud, MN	120 Beds
Black Hills, SD	100 Beds
Des Moines, IA	80 Beds
Omaha, NE	22 Beds
Lincoln, NE	12 Beds

Every VA Health Care Center has increased their MH programs including out-patient treatment. Nearly all of the Community Based Outpatient Clinics (CBOC) provide MH treatment including PTSD care. The VISN MH director states that a qualified veteran could be admitted to an in-patient bed within 10-14 days if needed. The USDVA believes that there are sufficient services for in-patient treatment for veterans who need it. The USDVA would not agree to a Memorandum of Understanding with the IVH to provide this type of care only to veterans who are residents of Iowa, which is a requirement to reside here.

The Iowa Veterans Home is regulated by the United States Department of Veterans Affairs (USDVA) through United States Code Title 38 and Code of Federal Regulations Title 38. Iowa Code Chapter 35D and Iowa Administrative Rules (801) Chapter 10, regulate the operation from the state. Along with these two federal codes and two state regulations, there are numerous other rules and regulations to which the IVH must adhere.

> CFR 38 (part 51) reads "A State home may provide domiciliary care, nursing home care, adult day health care." The Iowa veteran's home currently is certified by the USDVA to provide nursing and domiciliary care. We are licensed by the state as a nursing facility and a residential treatment facility (RTF).The IVH domiciliary care program is licensed as a RTF in the state of Iowa.
>
> According to the USDVA "Domiciliary care" means "providing shelter, food, and necessary medical care on an ambulatory self-care basis to assist eligible veterans who are suffering from a disability, disease, or defect of such a degree that incapacitates the veteran from earning a living, but who is not in need of hospitalization or nursing care services, to attain physical, mental, and social well-being through special rehabilitative programs to restore patients to their highest level of functioning."

If a veteran, who met the criteria for nursing or domiciliary care, were to apply to the IVH we would provide treatment for PTSD and/or substance abuse; we already do this with our current veterans. However, those veterans are assessed and must be charged the same current rates as any veteran admitted to the IVH. There are two separate examples of those charges in the attachment.

While researching this opportunity, the treatment providers mainly agree this type of program should be separate from the elderly residents we normally have at the IVH. This would require separating a floor or a wing for this group of veterans. While this may be possible, those veterans would still need to meet the criteria for admission to the domiciliary.

One major concern for the veterans we spoke with over the last year is the travel requirement to the in-patient care programs. A program in Marshalltown would alleviate this for veterans in the surrounding area, but would not address the needs of those around the state. Another major concern is care for their families, especially children, if they were to enter an in-patient program.

Conclusion:
This study was to evaluate possible funding sources, program structure, program requirements, and the needs for such a treatment program for veterans in this state. The study shall focus on the establishment of a dual diagnosis program for individuals seeking treatment for service-connected post-traumatic stress and substance abuse.
In doing the research it is obvious the need for PTSD/substance abuse treatment exists for our veterans here in Iowa. The barriers to obtaining that treatment are similar to those being discussed for all Iowans when it comes to MH treatment, **access and cost**. The USDVA has increased the in-patient & out-patient services it provides and continues to do so. They believe there are sufficient resources for the in-patient needs. As with all VA healthcare, there is always going to be a challenge for veterans in rural areas to get specialized treatment. The VA Healthcare centers and most of the CBOC's do provide MH treatment for veterans including PTSD and substance abuse. There are five separate in-patient treatment centers in the VISN with 344 beds available for this type of treatment. While the USDVA will provide treatment for PTS and for substance abuse, there are no specific programs or in-patient beds set aside that provides this type of focused treatment.
The IVH currently provides treatment for both diagnoses to our veterans who meet admissions criteria to our facility. We do not have specific beds set aside for this type of program.
I have addressed each subject referenced in the study below:

Program Structure & Program Requirements:
To establish a specific program the requirements would be licensure by the state and a need to have the essential resources to treat the veterans who would reside at the facility. The recommendation would be licensed MH providers, Chemical & Substance Abuse Counselors, and Social Work support. There would be a need for a facility to house and provide all the basic needs for these veterans while they are in the treatment program. In this program these veterans would be required to assist with their own care and basic needs as cooking and cleaning and basic upkeep to the facility. The consensus among MH professionals and substance abuse counselors is this program should be stand-alone where these veterans could get the focused treatment necessary to address their needs.

Funding Sources:
Funding would have to come from the state and federal government possibly through grants and dedicated funding. The USDVA does offer grant and per-diem funding opportunities that could be acquired. There are also may be SAMSHA grants available. A question would also be what type charges would be directed toward the veteran in the program. If there are charges it is my experience that very few who have any resources would apply for admission.

Need:
With the number of returning veterans from combat these last ten years, I have no doubt there is a current need that will continue to grow, for a dual diagnosis treatment program for veterans living with

PTS, who also have some substance abuse issues. The numbers reported by the VA demonstrate that emphatically. The question lies in where this program should be to serve the greatest need. No matter where this is established the challenge of access will continue to be an issue.

Final Analysis:
The final question is whether this program could and should be established at the Iowa Veterans Home. Current federal regulations do not allow this unless these veterans meet admission criteria to our facility. For those veterans who do meet those criteria we do provide both PTS and substance abuse treatment. This would be more of an acute care treatment program, which is contrary to our mission of providing long-term care to veterans and their spouses. In speaking with stakeholders, including MH providers, substance abuse treatment providers, and those who serve veterans every day, this type of program is, and will continue to be needed. As the Commandant of the Iowa Veterans Home I do think this program is needed, however the current regulations do not allow us to establish this program here. I recommend consideration be put into establishing a program with a relationship with one of the community MH or substance abuse treatment centers.

Sincerely,

David G Worley
Commandant
Iowa Veterans Home

IOWA VETERANS HOME (IVH)
ASSESSMENT (RENT) CALCULATION FORMULA

The Iowa Veterans Home has two levels-of-care available. They are Domiciliary (Independent living) and Nursing Home. Monthly assessments are based on a resident's monthly income and assets. This includes VA, Social Security, private & public pension(s), annuities, dividends, business/farm/rental income, and any other miscellaneous incomes. If a resident has assets over the full support rate on the last day of the month, they will be charged the full support rate.

The maximum assessment for a domiciliary resident is **$165.94** per day effective September 1, 2012. Residents billed the full support rate are allowed deductions to this rate if certain criteria are met. They are as follows:

- A **veteran** in the Dom is allowed a credit of $41.90 per day effective 10/01/2012 due to the VA per diem.
- A resident with Medicare Part B is allowed a credit of $3.28 per day effective 01/01/2012.
- A resident with Medicare Part D is allowed a daily credit based on the premium of the plan that they are enrolled in. This is figured by taking the monthly premium times the number of months in the year (12). That number is then divided by the numbers of days in the year to come up with the daily credit.

These rates are subject to change.

If their assets are below $2000.00 on the last day of the month, they will be billed on their net monthly income less their personal needs allowance of $140.00. This is called an income based billing. Dom residents are assessed by taking the net assessable income, less $140.00 personal needs allowance, plus any IT (Incentive Therapy) pay received in one given month over $150.00, plus VA Aid & Attendance, if applicable.

For residents working in the Incentive Therapy (IT) program, they are allowed to receive a set dollar amount each month, determined by their level of care, without being billed on it. Residents in domiciliary can receive $150.00 per month. Anything earned over $150.00 is billed on, unless paying the full support rate. Residents are paid every two weeks. Currently, the level of care the resident is in permanently on the last day of the month, determines whether they can have $75.00 or $150.00.

If their assets are in between $2000.00 and the full support rate on the last day of the month, they will be billed on their net monthly income, plus their assets on the last day of the month, plus any IT overage, less their personal needs allowance of $140.00 up to the full support rate. This is called an asset billing.

For a married resident, with a spouse living in the community, the spouse is entitled to half of the resident's income, less Aid and Attendance, after the $140.00 for personal needs is deducted. The resident is billed on the remaining amount, including their IT overage.

IOWA VETERANS HOME (IVH)
ASSESSMENT (RENT) CALCULATION FORMULA

In addition, residents in domiciliary level of care are allowed twelve furlough credit days per year to their bill. Residents are not billed for the day they leave. They are billed for the day they return. A resident must be gone longer than 96 hours in order for it to be considered a furlough and receive credit. If a resident is gone less than 96 hours, it is considered a pass and no credit is given to their bill. If a resident is gone on a furlough during a month and have not used their 12 leave credit days, their bill will be prorated by the number of leave credit days still available. Furlough credit days start over every year in January, and any unused leave credit days will not carry over into the next year.

For the first ten days of any acute hospital stay, the resident is charged as if they were in house. For stays over 10 days, a credit will be issued and appear on the next bill for the amount of days in the hospital after the first ten days. Hospital stays do not count against furlough time.

Domiciliary residents that are 70% - 100% and are temporarily transferred to nursing care will have a prorated bill and not be charged for their days in nursing care.

This example is for a single veteran residing in domiciliary level of care:

Income Based (have assets below $2000)	
Social Security (Gross)	$739.90
Plus: Private Pension/Other Income	+575.00
Less: Medicare Part B premium if applicable	-104.90
Less: Medicare Part D premium if applicable	-42.50
Assessable Income	$1167.50
Less: Personal Needs Allowance	-140.00
Monthly Assessment	$1027.50
Daily Charge (1027.50/31)	$33.15

* The daily charge will fluctuate for income based residents based on the amount of income and deductions that they receive.

Full Support (have assets to pay full cost of care)	
Daily Full Cost of Care	$165.94
Less: DVA daily reimbursement	-41.90
Less: Medicare daily rate ($104.90 monthly premium)	-3.45
Less: Part D AARP Preferred plan daily rate ($42.50 monthly premium)	-1.40
Daily Charge	$119.19
Number of days in month	* 31
Monthly Assessment	$3694.89

* Please note that the full support rate is the same regardless of whether they are single or married.

This example is for a married veteran residing in domiciliary level of care with a spouse in the community:

Income Based (have assets below $2000)	
Social Security (Gross)	$739.90
Plus: Private Pension/Other Income	+575.00
Less: Medicare Part B premium if applicable	-104.90
Less: Medicare Part D premium if applicable	-42.50
Assessable Income	$1167.50
Less: Personal Needs Allowance	-140.00
Billable Amount	$1027.50
Less: Spousal allowance 50%	-513.75
Monthly Assessment	$513.75